LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV

MARVIN J. SOUTHARD, D.S.W.
Director
ROBIN KAY, Ph.D.
Chief Deputy Director
RODERICK SHANER, M.D.
Medical Director

Countywide Children's QIC meeting:

Thursday, August 8, 2013

10:00 am to 12:00 pm

Agenda

1) Welcome & Introductions

2) Handouts - Review of RMD/QA Bulletins

3) Presentation - QI and Data/GIS Unit on EPSDT tracking report by Vandana Joshi, Ph.D.

4) Final Remarks

Notes:

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Children's Countywide Quarterly Quality Improvement Committee
Facilitator – Kathryn Stroupe

Date: August 8, 2013
Time: 10:00 – 12:00pm

600 S. Commonwealth Ave.
6th Floor Conference Rm. A
Los Angeles, CA 90005

Present	Absent
Kathryn Stroupe, Vandana Joshi, and Natasha O'Neal	Lisha Singleton Lisa Harvey

SUBJECT	DISCUSSION	FOLLOW-UP & ASSIGNMENTS
I. Welcome QIC Members	**K. Stroupe** ➢ Meeting was called to order at 10:14 a.m. ➢ Welcomed all attendees to the meeting & provided an overview to meeting's agenda.	
II. Discussion	**K. Stroupe** ➢ Announcements regarding RMD-13-012 / QA No.13-04 Bulletins that were provided in handouts. ➢ Advised that providers needed to complete their Medicare enrollment. Informed them that as providers they need verification of approval or denial. ➢ Encouraged providers refer to Palmetto Government Benefits Administrators (GBA) directly online or by phone at (866) 931-3901.	

IV. - Pres[illegible]ation –	**V. Joshi** ➢ QI and Data/GIS unit PowerPoint presentation on EPSDT tracking report	See attached PowerPo[illegible] Slides
V. Final Announcements	**Meeting adjourned**	

Respectfully Submitted, N.O. 8-14-13

RMD Bulletin

Knowledge is power...

For clients who have Medicare in addition to Medi-Cal, Medi-Cal regulations require all providers to submit claims to Medicare for Medicare-billable services rendered by Medicare-enrolled staff prior to submitting those claims to Medi-Cal. This Bulletin is a reminder that all providers must be prepared to bill Medicare in the event that a service is rendered to a client who has both Medicare and Medi-Cal. Anyone who is not currently a Medicare-enrolled provider must attempt to enroll. **There is no exception for child and emergency/field-based programs.**

To comply with Medi-Cal regulations and the terms of your contract with the Los Angeles County Department of Mental Health (DMH), all licensed physicians, nurse practitioners (NP), physician assistants (PA), licensed clinical psychologists, licensed clinical social workers (LCSW), and clinical nurse specialists (CNS) must be enrolled as Medicare providers and associated with their current program of service in Medicare's system.

For general information on enrolling as a Medicare provider, see RMD Bulletin NGA 10-007, Medicare Provider Enrollment. For more detailed instructions and guidance on enrolling your agency and its eligible clinical staff as Medicare providers, contract providers must contact Palmetto Government Benefits Administrators (GBA) directly. Palmetto GBA is the federally contracted Medicare Administrative Contractor (MAC) for California and is responsible for Medicare provider enrollment. Below is the link to the provider enrollment area of their website:
http://www.palmettogba.com/palmetto/providers.nsf/docsCat/Providers~Jurisdiction%201%20Part%20B~Browse%20by%20Topic~Provider%20Enrollment?open&. You may also call Palmetto GBA's J1 Part B Provider Contact Center at (866) 931-3901 with general questions about the provider enrollment process.

We're here to help you...

If you have any questions or require further information, please contact RMD at (213) 480-3444 or RevenueManagement@dmh.lacounty.gov.

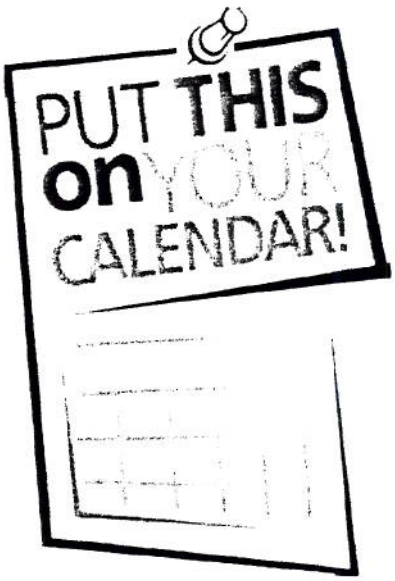
DOES NOT APPLY TO FEE-FOR-SERVICE PROVIDERS

RMD Bulletin

Knowledge is power...

Training Calendar

To facilitate your training needs, Revenue Management Division (RMD) would like to provide you with the training calendar for the month of August to help you plan and schedule accordingly. In August, RMD will be conducting the following trainings:



- ***Financial Screening of adult clients***
- ***Financial Screening of child clients***
- ***Private Insurance Billing***
- ***HWLA Enrollment using YBN***
- ***Benefits Establishment and Assessment***
- ***Client Billing***
- ***Completing Medi-Cal Applications for clients***

Please see the attached calendar to make arrangements to attend the training of your choice. **Please note that registrations faxed to RMD before the Training Bulletin is published will not be accepted or saved.**

RSVP as soon as possible after receiving the Training announcement. Seating for all trainings in August is limited to 20 per session.

- You will not be admitted and will be turned away without your confirmation in hand.
- Only one name per registration form will be accepted.
- Your registration request will be denied if you have attended the training you are registering for in the last six (6) months.
- Arrive 30 minutes prior to your training for registration. Contact RMD in advance if you cannot attend.

We're here to help you...

If you have any questions or require further information, please do not hesitate to contact RMD at (213) 480-3444 or via e-mail at RevenueManagement@dmh.lacounty.gov.

DOES NOT APPLY TO FEE-FOR-SERVICE PROVIDERS

RMD

REVENUE MANAGEMENT DIVISION
TRAINING CALENDAR

AUGUST 2013

We're here to help you...

NOTES:

Unless otherwise indicated, all trainings listed on this calendar will take place in Revenue Management Division's (RMD) Large Conference Room. RMD is located at

695 S. Vermont Ave., 9th Floor
Los Angeles, CA 90005

Free parking is available at DMH Headquarters in the garage at 523 Shatto Place or in the garage at 695 S. Vermont for a fee.

All staff must register to attend. Space in the conference room is limited to twenty (20) attendees per session. An RMD Bulletin will be issued prior to each training with information on how to register. Those without confirmed registration will not be admitted to the training.

				1	2	3
4	5	6	7 Ben. Establishment & Assessment Training 9:00a.m.-12:00p.m 1:30p.m.-4:30 p.m.	8	9	10
11	12	13 Financial Screening Training – Adult 9:00a.m.-12:00p.m 1:30p.m.-4:30 p.m.	14	15 HWLA Enrollment Training 9:00a.m.-12:00p.m 1:30p.m.-4:30 p.m.	16	17
18	19	20 Medi-Cal Application Training 9:00a.m.-12:00p.m 1:30p.m.-4:30 p.m.	21	22 Client Billing Training 9:00a.m.-12:00p.m 1:30p.m.-4:30 p.m.	23	24
25	26	27	28 Financial Screening Training – Child 9:00a.m.-12:00p.m 1:30p.m.-4:30 p.m.	29 Private Insurance Billing Training 9:00a.m.-12:00p.m 1:30p.m.-4:30 p.m.	30	31

Quality Assurance Bulletin

June 6, 2013 No. 13-03

Program Support Bureau

County of Los Angeles - Department of Mental Health
Marvin J. Southard, DSW, Director

LICENSED PROFESSIONAL CLINICAL COUNSELORS (LPCCs)

Effective July 1, 2012, the California Department of Health Care Services (DHCS) included Licensed Professional Clinical Counselors (LPCCs) as a recognized discipline under the Medi-Cal Specialty Mental Health Services program by adding LPCCs to the California State Plan Amendment (SPA). This gave the Mental Health Plan (MHP) the authority to hire and/or contract with LPCCs to provide Medi-Cal Specialty Mental Health Services at the MHP's discretion.

The Los Angeles County Department of Mental Health (LAC-DMH), as of the date of the Bulletin, will recognize LPCCs as an eligible discipline in the LAC-DMH System-of-Care. LPCCs are now eligible to act as an Authorized Mental Health Discipline (AMHD), including completing assessments and signing off on treatment plans (CCCP). In addition, LPCCs are eligible to provide, and be reimbursed for, psychotherapy as well as rehabilitation and targeted case management services. Note: Any assessment or psychotherapy services provided by an LPCC prior to June 6, 2013 will not be reimbursed by LAC-DMH.

LAC-DMH has opted not to include LPCCs within the Directly-Operated system at this time given current staffing patterns. Contractors may choose to hire LPCCs but should be thoroughly familiar with certain scope of practice restrictions and/or supplemental training requirements pertaining to the LPCC discipline (see the "Statutes and Regulations Relating to the Practice of: Professional Clinical Counseling, Marriage and Family Therapy, Educational Psychology, Clinical Social Work" issued by the California Board of Behavioral Sciences http://www.bbs.ca.gov/pdf/publications/lawsregs.pdf).

The QA Division is in the process of updating the Guide to Procedure Codes for Claiming Mental Health Services to reflect this change. The updated Guide should be available by July 1, 2013.

If Contract or Directly-Operated agencies have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

c: Executive Management Team
District Chiefs
Program Heads
Department QA staff
QA Service Area Liaisons
Judith Weigand, Compliance Program Office
Nancy Butram, Revenue Management
Pansy Washington, Managed Care
TJ Hill, ACHSA
Regional Medical Directors

Quality Assurance Bulletin

June 26, 2013 No. 13-04

Program Support Bureau

County of Los Angeles - Department of Mental Health
Marvin J. Southard, DSW, Director

INTENSIVE CARE COORDINATION (ICC) and INTENSIVE HOME BASED SERVICES (IHBS)

In the Katie A. v. Bonta lawsuit settlement agreement, the California Department of Health Care Services (DHCS) identified three covered Specialty Mental Health Services for children/youth who are members of a class of children called the "Katie A. Subclass": Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC). *Note: As of the date of this Bulletin, TFC has not been defined by DHCS.*

The Katie A. Subclass members are full-scope Medi-Cal eligible children/youth up to age 21 who:

1. Have an open child welfare services case;
2. Meet the medical necessity criteria for Specialty Mental Health Services; **AND**

3a. Are currently in or being considered for wraparound, TFC, specialized care rate due to behavioral health needs or other intensive EPSDT services, including but not limited to TBS or crisis stabilization/interventions **OR**

3b. Are currently in or being considered for group home (RCL 10 or above), a psychiatric hospital or 24-hour mental health treatment facility or has experienced three or more placements within 24 months due to behavioral health needs.

All children/youth meeting the Katie A. Subclass criteria are eligible for ICC, claimed using T1017HK. ICC services are similar to traditional Targeted Case Management (TCM) but must utilize a Child and Family Team (CFT) to develop and guide the planning and service delivery process for ICC services and incorporate the Core Practice Model (CPM). ICC services are reimbursed at the same rate as TCM services. All activities claimed under ICC should be for the purpose of coordinating the child/youth's services with members of the CFT. ICC incorporates the same service components of TCM including assessment of need, service planning and implementation (plan development), monitoring and adapting, and transition. Services may include:

- Assessing the child/youth and family's needs and strengths;
- Identifying interventions/course of action targeted at the client's and family's assessed needs;
- Assessing the adequacy and availability of formal and informal resources and supports;
- Reviewing information from family and other sources;
- Evaluating effectiveness of previous interventions and activities.

Note: Similar to TCM, ICC assessment and plan development services must address the child/youth's mental health need(s) through the coordination of care with providers not primarily associated with mental health services such as the Department of Children and Family Services and schools (although the client, collateral and mental health providers may also be present). Therefore, assessment and plan development as defined under TCM/ICC are not the same as assessment and plan development as defined under Mental Health Services (MHS). A QA Bulletin will be issued regarding the difference in Plan Development under MHS, TCM and MSS.

Children/youth meeting the Katie A. Subclass criteria are also eligible for IHBS, claimed using H2015HK, provided that the child/youth is determined to be in need of the service. Katie A. Subclass children/youth will not automatically receive IHBS. IHBS are similar to traditional individual rehabilitation and collateral Mental Health Services but must be delivered at a significant intensity to meet the mental health needs of the child/youth, be predominantly delivered outside of an office setting (e.g. in the home, school or community), and incorporate the principles of the Core Practice Model. IHBS are reimbursed at the same rate as Mental Health Services. IHBS are intensive, individualized and strength-based interventions to assist the child/youth and his/her significant support persons to develop skills to achieve the goals and objectives of the child/youth's treatment plan. Services may include:

- Development of functional skills to improve self-care, self-regulation or other functional impairments by decreasing or replacing non-functional behavior;
- Implementation of a positive behavioral plan and/or modeling interventions for the child/youth's significant support persons and assisting them to implement strategies;
- Improvement of self-management of symptoms;
- Education of the child/youth and/or the child/youth's significant support persons on how to manage the child/youth's mental health disorder;
- Teaching skills or replacement behaviors that allow the child/youth to fully participate in the CFT and other community activities.

Note: IHBS only includes Individual Rehabilitation and Collateral services. Mental Health Services other than Individual Rehabilitation and Collateral will be claimed separately from IHBS.

For additional information regarding ICC and IHBS see the "Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS) & Therapeutic Foster Care (TFC) for Katie A. Subclass Members". For additional information regarding the Core Practice Model, see the "Pathways to Mental Health Services – Core Practice Model (CPM) Guide".

The Los Angeles County Department of Mental Health (LAC-DMH) has now included ICC and IHBS in the Guide to Procedure Codes for use by Wraparound, Intensive Field Capable Clinical Service (IFCCS) and Treatment Foster Care programs. The codes are available for use for any date of service on or after January 1, 2013. These programs must ensure the service meets the requirements of the DHCS Medi-Cal manual on ICC and IHBS. At this time, only Wraparound, Intensive Field Capable Clinical Service (IFCCS) and Treatment Foster Care programs may utilize the ICC and IHBS codes. Agencies not part of these programs and serving a Katie A. Subclass child/youth, should continue providing other needed Specialty Mental Health Services.

The QA Division is in the process of updating the Guide to Procedure Codes for Claiming Mental Health Services to reflect this change. The updated Guide should be available by July 1, 2013.

If Contract or Directly-Operated agencies have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

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Early Prevention, Surveillance, Detection and Treatment (EPSDT) Performance Improvement Plan (PIP) Monitoring and Tracking Report

Data/Geographical Information Systems Unit
Quality Improvement Division
August 2013

Background

- The LAC-DMH Early Prevention, Surveillance, Detection, and Treatment Performance Improvement Project (EPSDT PIP) was a non-clinical administrative PIP initiated in 2008 and completed on June 30th 2011.
- The study was designed to identify high cost utilizing clients and develop interventions to reduce cost by providing effective and appropriate services.
- An EPSDT PIP cohort was identified in the baseline year and followed each fiscal year over the course of the study period.
- The criteria for inclusion in the PIP cohort was:
  - Utilizing $3,000 or more in services for at least two months in one fiscal year.

EPSDT PIP Cohorts

Baseline measures were established in year one (FY 2008-2009) and interventions were implemented in the following years to reduce the percentage of high cost utilizers.

Comparisons between EPSDT PIP cohorts and EPSDT non-PIP cohorts were performed across standard outcome measures such as demography such as age, ethnicity and gender.

Comparisons between PIP cohorts and their EPSDT counterparts

Characteristic	EPSDT PIP Cohort [a] (n=4,984 (6.62%))	EPSDT Non-PIP Cohort [b] (n=70,276 (93.38%))	All EPSDT Clients (n=75,260 (100%))	Test Statistic a *vs.* b
Client Demography				
Average Age (*sd*)	13.23 (4.12)	11.89 (4.99)	11.99 (4.95)	*p<0.001*
Gender (%)				*p<0.001*
Female	41.77	43.63	43.51	
Male	58.21	56.25	56.38	
Ethnicity (%)				*p<0.001*
African American	30.36	20.91	21.54	
Asian/Pacific Islander	1.36	1.85	1.82	
Latino	53.23	61	60.49	
Native American	0.66	0.33	0.35	
Caucasian	12.26	12.28	12.28	
Other than specified	1.52	1.45	1.46	

Results

- During the study period time, the number of clients who spent more than $3,000 in any two months in a fiscal year decreased by 6.1%; from 5,310 clients in FY 09-10 to 4,984 clients in FY 10-11.
- Between FY 09-10 to FY 10-11, there was an increase of 48.3% (N = 2,608) in the number of study cohort clients receiving Evidence Based Protocols (EBPs).
- From FY 09-10 to FY 10-11, an increase of 50.3% in the number of staff trained in EBPs (3,046 to 4,579) was observed as well as a corresponding increase in EBPs (from 26 to 35) being used in EPSDT clinics.

Results (cont.) ESPDT Clients Cost per Capita Across Five Years: FY2008-2012

ESPDT PIP cohorts 2008-2012	Clients		Costs		Per Capita	Ratio
	count	percent	count	percent		
None	148,157	90.95%	$1,082,558,990.00	56.42%	$7,306.84	1.00
1 year	9,544	5.86%	$349,605,753.00	18.22%	$36,630.95	5.01
2 years	3,479	2.14%	$244,548,204.00	12.75%	$70,292.67	9.62
3 years	1,110	0.68%	$127,163,688.00	6.63%	$114,561.88	15.68
4 years	423	0.26%	$71,584,250.55	3.73%	$169,229.91	23.16
5 years	178	0.11%	$43,166,359.31	2.25%	$242,507.64	33.19
EPSDT Approved Totals	162,891	100.00%	$1,918,627,244.86	100.00%	$11,778.60	1.61

Monitoring and Tracking EPSDT Data for High Utlizers

- As a result of the EPSDT PIP an ongoing monitoring activity has been instituted.
- Providers of EPSDT services can access monthly data on clients on a quarterly basis to track expenditure of clients based on the threshold criteria established by the PIP committee and stakeholders.

Data Included in the Tracking Database and Reports

- The Tracking Reports consist of 2 Datasets:
  - Client Demography
  - Client Expenditures
    - Client Demography file includes demographic information and monthly cost summaries for threshold clients. Demographics include age, gender and ethnicity.
    - Threshold Client Expenditure files are organized by month and includes data on each approved claim, including cost of each claimed procedure, date of service and provider.

Data Dissemination

- These data were first made available in the COGNOS cube via collaboration with DMH-CIOB.
- Starting March 2013, data for FY 2011-2012 has been made available in Excel files for use by clinicians in directly-operated clinics and contract providers.
- For the DO clinicians data is made available via a Sharepoint site. Each clinician will have access to their provider site report with a secure userid and password.
- Data for contracted clinics has been made available via the EFT folder. The designated staff from each clinic can download their Legal Entity file from the EFT folder.

The High Usage EPSDT Client Tracking Data included in your Legal Entity Folder contains:

A Tracking Database of 2 Data Files:

- High Usage EPSDT Client Demography and Monthly Summaries customized to your Legal Entities' EPSDT Providers entitled:

• **EPSDTHighUsageClients{ENTITYNAME_ENTITYNUMBER suffix}** This Client Demography file includes customized demographic information and monthly cost summaries for only your clients that spent more than $3,000 in any two months of fiscal year 2011-12. Demographics include age, gender and ethnicity with monthly expenditure summaries for your clients.

-De-identified High Usage Client Monthly Approved Expenditures across the LACDMH Children's System of Care that requires you to use your Customized High Usage Client Demography file's "caseid" to identify your client expenditures details in this file entitled:

•**EPSDT_HIGH_USAGE_CLIENT_APPROVED_MONTHLY_CLAIMS_FY201112**

This Client Expenditure files are organized by month and includes data on each approved claim, including cost of each claimed procedure, date of service and provider.